

MCRFA Membership



Contact Information

First Name

Last Name

Email Address

Name of Company

Business Phone

Cell Phone

Mailing Address *If different than the facility address*

Address Line 1

Address Line 2

City

State

Zip Code

Licensee and Applicants membership and attestation, I agree to abide by all of the bi-laws, terms and conditions of membership as set forth by the MCRFA board and also agree to pay \$500.00 for the 9-1-18 to 9-1-19 term by clicking yes.

YES

MCRFA Membership



Authorization Form Electronic Funds Transfer to Michigan Cannabis Risk And Financial Association (MCRFA)

Account Holder Name

Daytime Phone

Name of Bank

Bank Account #

Bank Routing #

Account Type Checking Savings

Current Policy #

I hereby request and authorize Michigan Cannabis Risk And Financial Association (MCRFA) and its affiliates to debit/credit in U.S. Dollars the bank account listed above for current and future policy payment purposes (and, if necessary, for adjustment of any debits/credits made in error). This authority is to remain in full force until MCRFA has received written notification of its termination and has sufficient time to act on it.

I represent and warrant that I am the authorized holder of this bank account and, further, if the bank account is owned by a legal entity such as a corporation, partnership, limited liability company, etc., that I have legal authority to act on behalf of that entity with respect to the bank account.

Signature

Printed Name

Date

Submit Completed Authorization Form:

By email:

Kevin J Cross
Authorized agent of MCRFA
kevin@linkfieldcross.com

By mail:

Michigan Cannabis Risk And Financial Association
Attn E-Check ACH
1600 East Beltline NE Suite 210
Grand Rapids MI 49525

Application for Licensee Patient Protection Policy



Business Information

Federal ID

Entity Type

Facility Address *This must match address on application*

Address Line 1

Address Line 2

City

State

Zip Code

Email Address that is on file with MMFL

Email Address

Do you have an attorney? *If yes, please provide contact information below*

Yes No

Name of Firm

Address

City

State

Zip Code

Email

Phone

Do you have a current Products Liability Carrier *If yes, please provide name of Insurance Company below*

Yes No Name of Insurance Company

Application for Licensee Patient Protection Policy



What license category are you applying for? *Select all that apply*

Pricing is \$5,000.00 annually prorated to 12-31-19. The law requires a separate policy for each license applied for.

Grower Secure Transport Safety Compliance Facility

Processor Provisioning Center

Financials

Estimated Receipts for the Coming Year \$

Last Years Receipts or NA (Not Available) \$

Does the applicant have previous experience at proposed facility location under the old law ?

Yes

No

Accountant Information

Name of Firm

Address

City State Zip Code

Email Phone

Application for Licensee Patient Protection Policy



MMMB Application Compliance *Signature is Required*

I attest that the licensee applying for insurance here is in compliance with all background questions on the MMMB application.

Sign Here X

Coverage Does Not Apply *Signature is Required*

I agree that this insurance does not apply to Bodily Injury arising out of an Incident that first occurs (i) prior to the issuance of any required License, (ii) while any required License is suspended, or (iii) after any required License expires, is canceled or revoked.

Sign Here X

Employees & Subcontractors *Signature is Required*

Do you attest that all employees and sub-contractors (when required) that are involved in the licensee's operation, and/or employed by licensee, and/or do work for the licensee under the licensee's authority, are in compliance with all provisions of the Michigan Medical Marijuana Law.

Sign Here X

Application for Licensee Patient Protection Policy



Privacy Notice & Signature Release Information *Signature is Required*

This privacy notice discloses the privacy practices for Michigan Cannabis Risk and Financial Association (MCRFA), Michigan Section 408 Financial Responsibility Insurance Solutions Inc & www.408insurancesolutions.com “the website” and Specialty Agriculture Insurance Company of Michigan. This privacy notice applies solely to information collected by this website. It will notify you of the following:

- What personally identifiable information is collected from you through the website, how it is used and with whom it may be shared.*
- What choices are available to you regarding the use of your data.*
- The security procedures in place to protect the misuse of your information.*
- How you can correct any inaccuracies in the information.*
- Information Collection, Use, and Sharing*

We are the sole owners of the information collected on this site. We have sole access to information that you voluntarily offer via email or other direct contact from you. We will under no circumstances sell or rent this information to anyone.

We will use your information to respond to you, regarding the reason you contacted us. We will not share your information with any third party outside of our organization, other than as necessary to fulfill your request, e.g. to ship an order.

Unless you request otherwise, we may contact you via email in the future to offer you specials, new products or services, or changes to this privacy policy.

Your Access to and Control Over Information

You may opt out of any future contacts from us at any time. You can do the following at any time by contacting us via the email address or phone number given on our website:

- See what data we have about you, if any.*
- Change/correct any data we have about you.*
- Have us delete any data we have about you.*
- Express any concern you have about our use of your data.*

Security

We take precautions to protect your information. When you submit sensitive information via the website, your information is protected both online and offline.

Wherever we collect sensitive information (such as credit card data), that information is encrypted and transmitted to us in a secure way. You can verify this by looking for a lock icon in the address bar and looking for “https” at the beginning of the address of the Web page.

While we use encryption to protect sensitive information transmitted online, we also protect your information offline. Only employees who need the information to perform a specific job (for example, billing or customer service) are granted access to personally identifiable information. The computers/servers in which we store personally identifiable information are kept in a secure environment.

Registration

In order to use this website, a user must first complete the registration form. During registration a user is required to give certain information (such as name and email address). This information is used to contact you about the products/services on our site in which you have expressed interest. At your option, you may also provide demographic information (such as gender or age) about yourself, but it is not required.

Application for Licensee Patient Protection Policy



Privacy Notice & Signature Release Information Cont. *Signature is Required*

Orders

We request information from you on our order form. To buy from us, you must provide contact information (like name and shipping address) and financial information (like credit card number, expiration date). This information is used for billing purposes and to fill your orders. If we have trouble processing an order, we'll use this information to contact you.

Cookies

We use "cookies" on this site. A cookie is a piece of data stored on a site visitor's hard drive to help us improve your access to our site and identify repeat visitors to our site. For instance, when we use a cookie to identify you, you would not have to log in a password more than once, thereby saving time while on our site. Cookies can also enable us to track and target the interests of our users to enhance the experience on our site. Usage of a cookie is in no way linked to any personally identifiable information on our site.

Some of our business partners may use cookies on our site (for example, advertisers). However, we have no access to or control over these cookies.

Sharing

We share aggregated demographic information with our partners and advertisers. This is not linked to any personal information that can identify any individual person.

We partner with another party to provide specific services. When the user signs up for these services, we will share names, or other contact information that is necessary for the third party to provide these services. These parties are not allowed to use personally identifiable information except for the purpose of providing these services.

Links

This website contains links to other sites. Please be aware that we are not responsible for the content or privacy practices of such other sites. We encourage our users to be aware when they leave our site and to read the privacy statements of any other site that collects personally identifiable information.

I agree to the Privacy Notice & Signature Release Information

Sign Here X

I agree that all information here is accurate and to pay the total annual insurance costs listed in the license section.

Application for Licensee Patient Protection Policy



Authorization Form *Electronic Funds Transfer to Specialty Agriculture Insurance Company of Michigan*

Account Holder Name

Daytime Phone

Name of Bank

Bank Account #

Bank Routing #

Account Type Checking Savings

Current Policy #

I hereby request and authorize Specialty Agriculture Insurance Company of Michigan (SAICM) and its affiliates to debit/credit in U.S. Dollars the bank account listed above for current and future policy payment purposes (and, if necessary, for adjustment of any debits/credits made in error). This authority is to remain in full force until SAICM has received written notification of its termination and has sufficient time to act on it.

I represent and warrant that I am the authorized holder of this bank account and, further, if the bank account is owned by a legal entity such as a corporation, partnership, limited liability company, etc., that I have legal authority to act on behalf of that entity with respect to the bank account.

Signature

Printed Name

Date

Submit Completed Authorization Form:

By email:

Kevin J Cross
Authorized agent of SAICM
kevin@linkfieldcross.com

By mail:

Specialty Agriculture Insurance Company of Michigan
Attn E-Check ACH
1600 East Beltline NE Suite 210
Grand Rapids MI 49525